

St. Michaels Police Department Citizen's Academy Application

	Applicant ini	iormation					
Print Name:			Birth Date:				
Last Name	First Name	M.I.					
Address			Apartment/Unit#				
City			State	Zip Code			
Driver's License Number		E-mail:					
Cell Number:	A	lternate Number	· 				
List any community service	e:						
Do you know anyone in la	w enforcement? YF	S/NO If so w	vho?				
What is your impression o		, 140 11 30, W					
7							
Have you been convicted	of a crime? (Conviction	n will not necessari	y disqualify applicant from c	onsideration.)			
If yes, please explain:				·			
YES NO							
Emergency Contact First a	nd Last Name:	Relationship	Phor	ne Number:			
My polo shirt size (circle o	ne): S M L	XL 2XL 3	BXL				
I will commit to attend all	•		No				
How did you learn about t	he academy?	· -					
Wh	y do you want to at	ttend the Citize	n's Academy?				
VVI	iy do you want to at	tteria the entize	in 3 Academy:				
_	_						
	Disclaimer and S	Signature					
I certify that my answers are to			vledge. I authorize the St.	Michaels Police Department			
to verify any and all informati							
subject me to disqualification			•	•			
My signature will also serve as				•			
Signature:		I	Date:				